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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Team M305 Racing. DN:	inc.			
	N18000002716				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Yamile L Benner					
	(Name of Contact Person	1)		
Team M305 Racing, Inc.					
		(Firm/ Company)			
9420 SW 227 Lane					
		(Address)			
Miami, FL 33190					
	(City/ State and Zip Code	:)		
yamilelhomy@gmail.co	W.				
E	-mail address: (to be used	for future annual report r	otification	1)	
For further information conc	erning this matter, please o	all:			
Yamile L Benner		786 at	5	222-1116 (Daytime Telephone N	
	(Name of Contact Person)	(Ar	ea Code)	(Daytime Telephone N	umber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depa	rtment of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
P.O. Box	nt Section I Corporations	Amend Divisio Clifton	Address ment Secti n of Corpo Building xecutive C		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Team M305 Racing, Inc.		
(Name of Corporation as curren	itly filed with the Flo	rida Dept. of State)
N18000002716		
(Document Numb	per of Corporation (if k	(nown)
cursuant to the provisions of section 617.1006, Florida Statut- mendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corporat	ion:	
ame must be distinguishable and contain the word "corpora	ution" or "incorporate	The new
ame mass be distinguishable and comain the word "corpora Company" or "Co." may not be used in the name.	uon or meorporate	a or the doorestation corp. or the: دـــ
		£.0.
Enter new principal office address, if applicable:	`	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	第5 6
		<u>~</u>
. Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BOX)		三人
. If amending the registered agent and/or registered offi		, enter the name of the
new registered agent and/or the new registered office a	<u>iddress:</u>	
Name of New Registered Agent;		
	//	Torida street address)
New Registered Office Address:	į,	name succession
•		
	With the	Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fa	miliar with and accep	t the obligations of the position.
	Signature of New Regis	stered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change	P	Simon Moron	9420 SW 227 Lane
Add			Miami, FL 33190
X Remove			
2) Change	P	Tony Jose Chocair	9420 SW 227 Lane
X Add			Miami, FL 33190
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			***
6) Change			
Add			
Remove		D 2.64	

^{*}P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)				
					
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	_ 				
	,				
					
		.	<u>-</u>		

	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated (1) (15) (15)	
	Signature Colife Del	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Yamile L Benner	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	